

ALBION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	<i>GREEN, TYRONE</i>	NUMBER	<i>EP4593</i>
X-RAY NUMBER	<i>DOB 1-23-70</i>	DATE OF X-RAY	<i>10/12/01</i>
		QUARTERS	<i>FA</i>
		TECHNICIAN <i>LH</i>	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS:		<i>RT hand</i>	
		<i>X-Ray done out of splint per DR FERRELLI</i>	
		PHYSICIAN <i>BAKER</i>	
REPORT	RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.		
	IMPRESSION; Moderately advanced healed fractures.		
	HK5/pjt DATE OF REPORT <i>10/13/01</i>		
	Henry K. Smith, D. O. A N NCS Dr. Mark Baker Medical Director		
	White—MEDICAL RECORD Canary—X-RAY FILE		
	Diagnostic Stamp Practitioner <i>(M)</i> Date <i>12/16/01</i> Time <i>1400</i> Abnormal Normal Not (Requires A Radiologist Clinically Significant)		

DC-456
(REVISED 1/2003)COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

X-RAY REPORT

Inmate Name: Green, TyroneInmate Number: EP 4593DOB: 1-23-70Facility: Hun

DATE

3-18-04☐ STAT☒ ROUTINE

PHYSICIAN

Araneda

DATE TO BE DONE

3/19/04

EXAMINATION REQUESTED

x-rays Rt wrist & Rt hand

REASON FOR EXAM

No fr 4th & 5th MCX 2 yrs ago.pain - no new trauma

REPORT

GREEN, TYRONE EP4593 SCI HUNTINGDON

RIGHT HAND: Routine views of the right hand are compared to prior study from 10-12-03. There is mild deformity at the base of the 4th metacarpal bone consistent with healed fracture at this location. There are no new or acute fractures. A small non united boney density at the base of the 5th metacarpus may also be related to prior trauma. The bones are otherwise intact and the joint spaces are well preserved. There is mild soft tissue swelling noted.

IMPRESSION: There is evidence of prior injury as noted; no acute fracture or significant deformity. No significant arthritic changes.

RIGHT WRIST: Old healed fracture of the base of the 4th metacarpus is again noted. There is no acute fracture, subluxation or deformity. The carpal bones are intact.

Peter G. Gregory, MD
03/22/04 lag

DATE OF REPORT

DIAGNOSTIC STUDY STAMP

PRACTITIONER:

LA

DATE:

3/29/04
16.00

TIME:

A

N

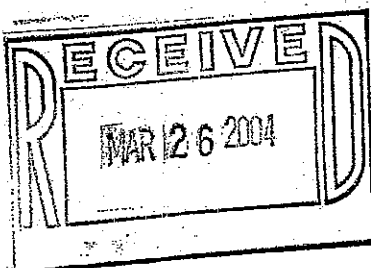
NORMAL

(REQUIRES
DC-472 SOAP NOTE)

ROENTGENOLOGIST

DR. ARANEDA, M.D.

NCS

NOT CLINICALLY
SIGNIFICANT

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up <u>On-Site</u> Off-Site Telemedicine	
Referred to: <u>X-rays</u>	Referred by: <u>Bashline</u>	Appt. Date/Time: <u>8-27-01</u>	
Specialty:	Drug Sensitivity: <u>NKDA-</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>X-ray - Rt hand</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>Fall getting out of shower 8-25</u> <u>swelling on Rt hand - Pain swelling</u> <u>4-5 MP area - R/o FX</u> <u>DR. DAVID BASHLINE D.O.</u> <u>[Signature]</u> <u>8-26-01</u> Signature of Referring Physician Date			
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:		Date:	
UR Decision: (Circle)	Approval	Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<u>DONE 8/27/01 @ 0945</u> <u>late add on - not on x-ray callout</u> <u>LINDA HELGERT, R.T.</u> <u>[Signature]</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name: Greene, T. J.Inmate Number: EP 4593DOB: 1-23-70NOT 100%FA

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site Off-Site Telemedicine	
Referred to: <u>X-ray</u>	Referred by: <u>Bashline</u>	Appt. Date/Time: <u>8-27-01</u>	
Specialty:	Drug Sensitivity: <u>NKDA-</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>X-ray - Rt. hand</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>Fall getting out of shower 8-25</u> <u>swelling on Rt. hand - Pain swelling</u> <u>4-5 MP area - R/O FX</u>			
Reviewed by Medical Director: (Circle)		Approval	Disapproval
Medical Director Signature:		Date:	Forwarded to UR (Date):
UR Decision: (Circle)		Approval	Disapproval
		Date:	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<u>DONE 8/27/01 @ 0945</u> <u>late add on - not on X-ray callout</u> <u>LINDA HELGERT, R.T.</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name: Greene, T. J.
Inmate Number: EP 4593
DOB: 1-23-70
PO T. J. Greene

FA

Dr. Mark Baker
Medical Director

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site <u>Off-Site</u> Telemedicine	
Referred to: <u>Mr. Andy Smith / Mr. Tony Smith</u>	Referred by: <u>Mr. Mark Baker</u> Medical Director	Appt. Date/Time: <u>Mon 8/27/01</u>	
Specialty: <u>MLH Orthopedics</u>	Drug Sensitivity: <u>N/A</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>Wrist Pain</u> <u>② Hand Fr 8/25/01</u> <u>Fall getting out of shower</u> <u>② Hand Dorsal wrist</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>X-ray ② minimally displaced Fr 4th metacarpal</u> <u>Proximally ② hand (closed) - 100% R-24</u> <u>Wrist: R-24 by hand, X-ray by 10/24, Squeam some pain</u> <u>Dr. Mark Baker</u> <u>Medical Director</u> <u>Signature of Referring Physician</u> <u>8/27/01</u> <u>Telega PAC</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval	Date:	Forwarded to UR (Date):	
Medical Director Signature:			
UR Decision: (Circle) <u>Approval</u> Disapproval	Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>ORTHO NOTE: Pain + swelling <u>②</u> hand 8/27/01</p> <p>X-ray: <u>②</u> fr <u>②</u> Ring / small finger metacarpals</p> <p>Impression: <u>②</u> forearm + hand</p> <p>Plan: Ulnar gutter splint <u>②</u> 9/5/01 2:15 PM</p> <p>Will follow up in ortho clinic</p> <p>Rest/ice/elevate sling. Keep splint dry.</p> <p><u>Benlin J Ortho</u></p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Inmate Name:

Inmate Number:

DOB:

Facility:

Green, Tyrone
EP4593
1/23/70

Dr. Mark Baker
Medical Director

Name TYRON GREEN

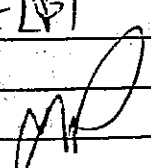
MILLCREEK COMMUNITY HOSPITAL

5515 Peach Street

Erie, PA 16509

Date 8/27/01ORTHOPEDIC INSTRUCTIONS

- (☒) Keep your cast/dressings clean and dry.
- (☒) Do not put anything inside your cast/dressings.
- (☒) Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- (☒) Check toes and fingers frequently for swelling.
- (☒) Move toes and fingers frequently to prevent swelling and stiffening.
- () Do not bear weight for _____ hours on a walking cast.
- () Always wear cast boot when bearing weight on walking cast.
- (☒) Wear arm sling _____
- () Use your crutches as directed and always bring them to every appointment.
- () Never trim or cut down the length of your cast by yourself.
- (☒) Call Millcreek Community Hospital at 864-4031 if:
- Pressure points or rubbing develops under your cast.
 - Your exposed body area (fingers or toes) becomes numb or cool.
 - Your cast softens, cracks, or breaks.
 - You experience a significant increase in pain.
- () You have a prescription for _____ take _____
- () You have a clinic appointment at the hospital at 14:15 on 9/5/01 AM ☒ PM
- () Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- () Call the office (864-5455) today for an appointment for _____
- (☒) Your Attending Orthopedist is : TONY FERRETTI
- () No school until _____
- () May return to school _____
- () No Gym until released by Attending Orthopedist _____
- () No work until released by Attending Orthopedist _____
- () May return to work _____
- () ADDITIONAL INSTRUCTIONS

Rest / ice / elevateLight duty onlyDr. Mark Baker
Medical DirectorF2P1 11b

Name T. POPE GREEN
 Date 8/27/01

MILLCREEK COMMUNITY HOSPITAL
 5515 Peach Street
 Erie, PA 16509

ORTHOPEDIC INSTRUCTIONS

- (✓) Keep your cast/dressings clean and dry.
- (✓) Do not put anything inside your cast/dressings.
- (✓) Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- (✓) Check toes and fingers frequently for swelling.
- (✓) Move toes and fingers frequently to prevent swelling and stiffening.
- () Do not bear weight for _____ hours on a walking cast.
- () Always wear cast boot when bearing weight on walking cast.
- (✓) Wear arm sling _____
- () Use your crutches as directed and always bring them to every appointment.
- () Never trim or cut down the length of your cast by yourself.
- (✓) Call Millcreek Community Hospital at 864-4031 if:
 - a. Pressure points or rubbing develops under your cast.
 - b. Your exposed body area (fingers or toes) becomes numb or cool.
 - c. Your cast softens, cracks, or breaks.
 - d. You experience a significant increase in pain.
- () You have a prescription for _____ take _____
- () You have a clinic appointment at the hospital at 14:15 AM PM on 9/5/01.
- () Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
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- (✓) Your Attending Orthopedist is : TONY FERRETTI
- () No school until _____
- () May return to school _____
- () No Gym until released by Attending Orthopedist _____
- () No work until released by Attending Orthopedist _____
- () May return to work _____
- () ADDITIONAL INSTRUCTIONS

Dr. Mark Baker
 Medical Director

Rest / ice / elevate

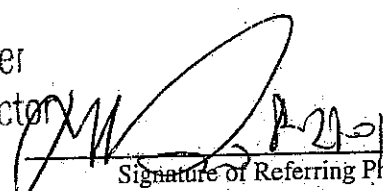
Light duty only

F2P1 11b

[Signature]

No _____

CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509	Referred by: (physician name) Dr. Mark Baker Medical Director	Appt. Date: Fri 9/14/01
		Appt. Time:
Specialty: Orthopedics		
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: Juv at 9-301 1445 in 9th St - @ 4th + 5th markets Gr		
History of Injury/Problem: Date of Onset: (P-241) - 6 months P-251		
Treatment to Date/Current Medications and Significant Medication History: Dr. Mark Baker Medical Director  Signature of Referring Physician Date		
[] Approval [] Disapproval Medical Director Signature: Date:		
Transmittal Date: Transmitted By:		
Approval Date: Approved By:		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: No Show - Ref outside Ortho clinic @ MCH. Rebecca Gould R. Y. Gould Clinical Specialist		
Signature of Consulting Physician Date		

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441

Inmate Name: George T. [unclear]
Inmate Number: 84593
DOB: 1-13-64
Institution: SCI Alb

DATE: Medical Record (Pending)

No _____

CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509		Referred by: (physician name) Dr. Mark Baker Medical Director
Specialty: Orthopedics		Appt. Date: Fri 9/14/01 Appt. Time:
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: Du at 9-5-01 1415 hr gnd sp @ 4h + 5h medical for (P-241) - Emergency R-251		
History of Injury/Problem: Date of Onset: 11/14/01 9:15 AM (P-241) - Emergency R-251		
Treatment to Date/Current Medications and Significant Medication History:		
Dr. Mark Baker Medical Director Signature of Referring Physician Date: 9-14-01		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Medical Director Signature: Date:		
Transmittal Date: Transmitted By:		
Approval Date: Approved By:		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: No show - Ref. outside Ortho clinic @ MCH. Rebecca Gould Clinical Specialist		
Signature of Consulting Physician Date:		

Consultation Record
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-441

Inmate Name: Gary T. F.

Inmate Number: 84593

DOB: 1-23-74

Institution: SCI Alb

(FA) 9-14-01 (13)

10/12/01

CONSULTATION RECORD

Part A: Completed by referring facility:	Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> On-Site Telemedicine
Referred to: <u>Dr. T. Ferretti - mch ortho clinic</u>	Referred by: <u>Dr. Bashline</u>
Specialty: <u>Ortho.</u>	Appt. Date/Time: <u>Fri 10/12/01 0930</u>
	Drug Sensitivity: <u>NKDA.</u>
	Copies of relevant health information attached: (circle) <u>Yes</u> No
Reason for Referral/ History of Present Illness/Injury: <u>Flu - S/P @ 4th & 5th metacarpal fx (8/27/01)</u>	
Treatment to Date/Current Medications and Significant Medication History: <u>Pt in ulnar gutter splint.</u> <u>Pt "No Show" 9/14 onsite clinic</u>	
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval	Signature of Referring Physician: <u>Dr. David Bashline D.O.</u> Date: <u>9-14-01</u>
Medical Director Signature: <u>[Signature]</u> Date: <u>9-17-01</u>	Forwarded to UR (Date):
UR Decision: (Circle) <u>Approval</u> Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:	
<u>10/20/01 Dr Ferretti vs. to perform AP/Lat/Oblique Xray thru splint & we will take to mch for review by Ortho surg. Reschedule at 10/22/01 onsite clinic unless deemed necessary to be seen prior to that clinic. Will await Dr Ferretti's orders. Please send.</u> <u>(Pt) hand: Splint intact - had been removed as per [Signature] Site Administrator</u> <u>elbow xrayed - fracture w/ fracture plate motion 2' to immobilization</u> <u>Palmarist @ 2nd office @ radial pulse - 1st bone of 4th & 5th metacarpal [Signature]</u> <u>Sp: [Signature] 10/12/01</u>	
Signature of Medical Director Date/Time: <u>[Signature] 10/22/01</u>	Signature of Consulting Physician Date/Time: <u>[Signature] 10/12/01</u>

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441 Mark Baker (Revised 1-01)
Medical Director [Signature]

Inmate Name: Greene, Tyrone
Inmate Number: EP 4593
DOB: 1/23/20
Facility: Albion.

FA

CONSULTATION RECORD

Part A: Completed by referring facility:	Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine
Referred to: <i>X-ray</i>	Referred by: <i>D Baker</i>
Specialty: <i>ortho</i>	Appt. Date/Time:
	Copies of relevant health information attached: (circle) Yes No

Reason for Referral/ History of Present Illness/Injury:

Ⓟ hand
AP/LAT/oblique thumb splint

Treatment to Date/Current Medications and Significant Medication History:

Dr. Mark Baker
Medical Director

[Signature] 9-21-01

Signature of Referring Physician Date

Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:

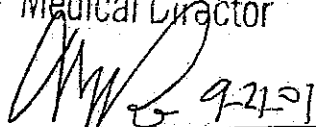

Part B: To be completed by consulting Physician and returned with officer to the institution:

DONE 9/21/01 @ 1019
late add m - not
on x-ray callout *LINDA HELGERT, R.T.*
[Signature]

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine				
Referred to: <i>X-ray</i>	Referred by: <i>D Baker</i>				Appt. Date/Time:	
Specialty: <i>ortho</i>	Drug Sensitivity:				Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <i>Ⓡ hand</i> <i>AP/LAT oblique through splint</i>						
Treatment to Date/Current Medications and Significant Medication History: <div style="text-align: right;"> <i>Dr. Mark Baker</i> <i>Medical Director</i>  Signature of Referring Physician Date <i>9-21-01</i> </div>						
Reviewed by Medical Director: (Circle)		Approval		Disapproval		Forwarded to UR (Date):
Medical Director Signature:		Date:		Date:		
UR Decision: (Circle)		Approval		Disapproval		Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:						
<div style="text-align: center;"> <i>DONE 9/21/01 @ 1019</i> <i>late add on - not</i> <i>on x-ray callout</i> <i>LINDA HELGERT, R.T.</i>  </div>						
Signature of Medical Director Date/Time				Signature of Consulting Physician Date/Time		

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name: *Green Tyne*
Inmate Number: *EP4593*
DOB: *1-23-70*

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Telemedicine	
Referred to: <u>X-ray</u>	Referred by: <u>Dr. T. Ferretti</u>	Appt. Date/Time: <u>10/12/01</u>	
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>X-ray @ hand AP & Lat Oblique out of splint</u>			
Treatment to Date/Current Medications and Significant Medication History:			
		<u>[Signature]</u> <u>12/20/01</u> Signature of Referring Physician Date	
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:		Date:	
UR Decision: (Circle)	Approval	Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<u>DONE 10/12/01 @ 1008</u> <u>late add-on - post op</u> <u>X-ray without</u> <u>LINDA HELGERT, R.T.</u> <u>[Signature]</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-441
 (Revised 1-01)

Inmate Name: Greene, Tyrone
 Inmate Number: EP 4593
 DOB: 1-23-70
William

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Telemedicine		
Referred to: <u>X-ray</u>	Referred by: <u>Dr. T. Ferrells</u>	Appt. Date/Time: <u>10/12/01</u>		
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No		
Reason for Referral/ History of Present Illness/Injury: <u>X-ray @ hand pp & Lat oblique out of splint</u>				
Treatment to Date/Current Medications and Significant Medication History:				
				<u>[Signature]</u> <u>12/20/01</u> Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR. (Date):	
Medical Director Signature:		Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:				
<u>DONE 10/12/01 @ 1008</u> <u>late add on - not on</u> <u>X-ray call out</u> <u>LINDA HELGERT, R.T.</u> <u>[Signature]</u>				
Signature of Medical Director Date/Time			Signature of Consulting Physician Date/Time	

Inmate Name: Greene, Tyrone
Inmate Number: EP 4593
DOB: 1-23-70

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441 Mark Baker (b)(6)
(Revised 1-01)
Medical Director *adw*

DOB: 1/23/70

FA

PROGRESS NOTES

[] Inpatient

[X] Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7:00		PAE	S asked to evaluate by wrong superior, inmate
12:50	#3	II	Reports was poked in (D) eye 16 days ago states was put on Neolin Nates eye was red and watering but did not hurt so out to take medications until last out last out yesterday. Now 'has to be seen' O: (D) eye silica injected @ corneal abrasion noted FERPA EOM's intact moderate clear discharge noted A: Traumatic conjunctivitis P: Cortisporin eye drops 4x4 (D) eye QID x today RT if redness and watering" does not (give) go away prior to medication Dkng med understanding. <i>T. Moore</i>
7:20		PAE	S. Hest for APTIS test no record 205 TAMMY MOWBY, F
1:35	B		O see Bc 470 A: bupropion P: OKG/SMA25 ordered RT as scheduled <i>TAMMY MOWBY</i>
8:25- 1:30		Wsg	No show, Psych med non compliance <i>PA</i> <i>RAPHELUCAS, RN</i>

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

Institution: CIT All

Date/Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
8/25/01 0005	4	NSG	S: "I fell in the shower." O: VSS. 122/80, 95 ⁵ , 72. In. Inmate claims to have fallen in shower while holding towel and then fell on floor. (R) hand in a fist position. Noted (R) hand edema, to anteroposterior of hand. Tenderness to touch. ROM Very limited. N: alters. in comfort. P: 33° infirmity observation. 8:00 AM notes @ 30 PRV 24°, dried (R) hand @ 30 PRV 24°. Cockup splint to secure. To be in by Physician 8/26/01. — JOHN PURVIS, RN (Inmate)
8/26/01 0505	4	NSG	O: inmate slept throughout shift, awoke upon waking, VSS, & verbal complaint throughout shift. (R) hand continues to be edematous. MARCIE KISH, RN A: all. comfort. P: as needed as needed — M. F. (Inmate)
8/26/01 0730	4	NSG	S: "I'm alright." O: (R) hand to splint & ACE bandage intact. Pt. declined medication or ice, VSS; stated he wanted to rest; Appetite good; Resp. neg. & easy; SOB; & acute distress; no voiced complaints. A: Alteration in comfort. P: Continue to monitor in infirmity. — J. McDuff JAMES McDUFF, RN
8/26/01 1100	4	NSG	S. Inmate seen in infirmity. Pain swelling R hand - fall in shower. Part of hand - tenderness on hand - O: Penicillin; swelling at 4-5 MP area - A: Poss Fx Metacarpal P: Will maintain splint & ace - Return in AM for Xray - (Signature)

Date/Time	Prob #	Discipline Abbreviation	Rem Subjective, Objective, Assessment, Plan
8/25/01 2005	4	NSG.	S: "I fell in the shower." O: VSS. 122/80, 95 ^F , 72, 14. Inmate claims to have fallen in shower while holding towel and then fell on floor. R hand in a first position. Noted R hand edema to antecubital of hand. Tenderness touch. ROM Very limited. A: alters in comfort. P: 30° infirmity observation. 80mg Motrin Q 30 PRN 74° dress R hand O: PAX 74° check splint & ace wrap. To be in by Physician 8/26/01. JOHN PURVIS, RN
8-26-01 NSG	4	ng	O: inmate slept through out shift, 0200. After waking, VSS, & verbal complaints through out shift. (R) none continues to be edema in R hand. O: all control. P: word check as needed. M. from
8-26-01 0730	4	NSG	S: "I'm alright." O: (R) hand & splint & ACE bandage intact. Pt declined medication or ice, VS) stated he wanted to rest; Appetite good; Resp. reg & easy; SOB; acute distress; no voiced complaints. A: Alteration in comfort. P: Continue to monitor in infirmity. J McDuff JAMES McDUFF, RN
8-26-01 1100	4	NSG	S: Inmate seen in infirmity. Pain swelling R hand - fall in shower. Distress. Swelling on hand - O: PAX 74° check splint & ace wrap. 4-5 MP area - A: Poss fx Metacarpal P: Will maintain splint & ace - Return in AM for Xray -

PROGRESS NOTES

[] Inpatient

☒ Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
8/26/01 1130	4	NSG	S: "I'm fine." O: Pt. released from infirmary per physician's order; no voiced complaints. A: Alteration in comfort. P: Follow c x-ray of R hand in Am; Pt. aware Pt. released to general population. JAMES McDUFF, RN
8/27/01 0902	4	CSPHS	Pt. Scheduled for onsite x-ray ~ R hand ~ on Mon 8/27/01. Consult forwarded to L. Helgert, RT. Rebecca Gould Clinical Specialist
8/27/01 0905	4	DR I	S: Refused per request to R hand - clo. shipped in the shower 12 days ago O: PSTS dorsal hand - tenderness 4th-5th Metacarpal CMS intact XRAY R minimally displaced 4th Metacarpal head Frx. A: R hand Ex. P: Info to MCHV on intake. Security. Security to be notified by Admin. Asst. MCHV to be contacted by physician. A son c. R. 12/27/01 Dr. Mark Baker Medical Director

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green, Tyrone
Inmate Number: EP4593
DOB: 1/03/70
Institution: SCI ALBION

PROGRESS NOTES

☒ Outpatient☐ Inpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
8-26-01 1130	4	NSG	S: "I'm fine." O: Pt. released from infirmary per physician's order; no voiced complaints. A: Alteration in comfort. P: Follow c x-ray of (R) hand in Am; Pt. aware. Pt. released to general population. James Suffer JAMES McDUFF, RN
8/27/01 0902	4	CSPHS	Pt. Scheduled for onsite x-ray ~ (R) hand ~ on Mon 8/27/01. Consult forwarded to L. Helgert, RT. Rebecca Gould Clinical Specialist R. Goned
8/27/01 1005	4	DR I	S: Refused for x-ray of (R) hand - clo. shipped in the shower 2 days ago O: (R) 5th dorsal hand - tend to population 4th-5th Metacarpal CMS intact XRAY P minimally displaced 4th Metacarpal head Fr. A: (R) hand Fr. P: Info to MCHV as per case. Seeliter to be notified by Admin. Asst. Mutton to be contacted by physician. - A son (A) taken 9pm c 1st Dr. Mark Baker Medical Director

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green, Tyrone
Inmate Number: EP4593
DOB: 1/23/70
Institution: SCI ALBION

Date/Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
8/27/01 1628	4	CSPHS	Pt scheduled offsite @ MCH-ER this day ~ eval / tx R hand fr. Security notified — Rebecca Gould Clinical Specialist
8/27/01 1705	1889	S	"I FEEL FINE" O: 11:00 AM Returned FROM MCH hospital fr RT hand. Splint / arm sling infect - need max check RT hand wound. No clo pen / discomfort N. Actin comment. P. Released to home. Populacion chant referred to Dr. Barlow POB for Rx - follow up care
9/14/01 1105	5	CSPHS	TOM HICKEY, RN Pt scheduled visit c Dr. T. Ferretti on Fri 9/14/01 during the ortho clinic. Unable to schedule pt offsite due to scheduling & security concerns. Spoke c Dr. Ferretti's staff re: this issue. ~ S/p fr. R hand Rebecca Gould Clinical Specialist
9/14/01 1230	5	CSPHS	Pt "No Show" for ortho clinic. Per Dr. Ferretti, pt is to be scheduled offsite @ MCH Ortho clinic for rev w/in 2 wks Rebecca Gould Clinical Specialist
9-17-01 1439	5	CSPHS	Pt scheduled offsite @ MCH ortho clinic c Dr. T. Ferretti on Wed 9/26/01 ~ rev R hand. Rebecca Gould Clinical Specialist

Date/ Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
8/27/01 1628	4	CSPHS	Pt scheduled offsite @ MCH-ER this day ~ eval ltx @ hand fr. Security notified — Rebecca Gould Clinical Specialist RH Mamed
8/27/01 1705	45	CSPHS	S: "I FEEL FINE" O: IMMEDIATE Returns FROM ORTHO CLINIC FX RT HAND. Splint/ non skin infect - need NASC check RT HAND WNL. No C/O Pain/Discomfort A: Action COMPLETED P: Released To New Population Chart REFERRED TO Dr. Balow FOD FOD - Rx - FOLLOW UP CARE TOM HICKEY, RN TOM HICKEY, RN
9/14/01 1105	5	CSPHS	Pt scheduled onsite @ Dr. T. Ferretti on Fri 9/14/01 during the ortho clinic. Unable to schedule pt offsite due to scheduling & security concerns. Spoke @ Dr. Ferretti's staff re: this issue. ~ S/p fr @ hand Rebecca Gould Clinical Specialist RH Mamed
9/14/01 1230	5	CSPHS	Pt "No Show" for ortho clinic. Per Dr. Ferretti, pt is to be scheduled offsite @ MCH Ortho clinic for rev w/in 2 wks Rebecca Gould Clinical Specialist RH Mamed
9/17/01 1439	5	CSPHS	Pt scheduled offsite @ MCH ortho clinic @ Dr. T. Ferretti on Wed 9/26/01 ~ rev @ hand. Rebecca Gould Clinical Specialist RH Mamed

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-20-01		PAK	S: O
1610	#99		O: no hem
			A fracture 4 th /5 th metacarpal (R) hand
			P. chart reviewed & Dr. Ferretti, in note was
			a no show for on site doc (9/14) discussed
			@ length will take xray on site then
			transport to mch for review due to security
			issue of non emergent outside trips will
			follow process per Dr. Ferretti direction
9/21/01		PAK	P. N/S PA/Sickler = R 0950 hr apt. <i>Dr. Ferretti</i>
1005		I	
9/21/01		PAK	S: wants cast placed on (R) hand
1010	(19)	I	O: excessive motion in splint.
			admits to taking splint off to clean
			hand on a regular basis.
			O: splint intact - ulnar gutter plaster splint.
			CMS intact. Capillary refill. sensation
			intact. DSTS.
			A-S/P Metacarpal Rx 4x5 @ hand
			P. X-ray done - to be taken in Dr. Ferretti's office for
			review. will R/S for TX plan in near future =
			cont splint until then. pt. on hand dressing <i>Dr. Ferretti</i>

Progress Notes

Commonwealth of Pennsylvania

Department of Corrections

DC-472

Inmate Name:

Green Tyronne

Inmate Number:

#4593

DOB:

1-23-70

Institution:

M.H.M.

D. Telega PAC

PROGRESS NOTES

[] Inpatient

[] Outpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-20-01		PRC	S.O.
1010	#9		O.W. W.M.
			A fracture 4 th /5 th metacarpal (R) hand
			P. chart reviewed. Dr. Ferretti, in note was
			a do show for on site clinic (9/14) discussed
			@ length will take xray on site, then
			transport to mch for review due to security
			issue of non enlignt outside trips will
			follow process per Dr. Ferretti direction
			Dr. Ferretti
9/21/01		PRC	P. N/S PA/SUBH = R 0900 hr apt. Dr. Ferretti
1005		I	
9/21/01		PRC	S. Warts cast placed on (R) hand
1010	(19)	I	do excessive nut in splint.
			admits to taking splint off to clean
			hand on a regular basis.
			Q. Splint intact - ulnar gutter plaster splint.
			CMS intact. Capillary refill. sensation
			intact. DTS.
			A-S/P Metacarpal Fr 4 & 5 (R) hand
			P. X-ray done - to be taken by Dr. Ferretti's office for
			review, will H/S for X-ray plan in near future.
			Cast splint until then. pt. on W. Dr. Ferretti

D. Telega PAC

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green Tyronne

Inmate Number: #4593

DOB: 1-23-70

Institution: Albin

10/1/01 19 CS PHS Pt's offsite appt on 9/24/01 @ Dr. T. Ferretti has been PLS for the 10/13/01 onsite clinic. X-rays reviewed by Dr. Ferretti on 9/21/01, healing well - no medical necessity to send Pt. offsite. Rebecca Gould Clinical Specialist Rh. Gould

10/12/01 19 CS PHS S: Ortho. clinic O: See DCU41 A: S/P @ 4th & 5th mc fx. P: X-ray OOS (done today) PT: PTC PRN. Pt voiced understanding. Rebecca Gould Clinical Specialist Rh. Gould

10/25/01 19 CS PHS S: Requested Talcott R hand dress also c/o P. closed request gts in it also state that did not repeatedly take splint off hand only x1 to wash hand. wants PT for hand. O: HEENT: CAME OFF BY SELF (ACE came loose). Cerumenosis AS. Sk: Psoriasis noted Palm of R hand. Muc: Bled almost from R wrist. gipsy test. A: Tinea Manu, Cerumenosis Au, S/P Ex structural 4th (R hand) P: Lax: Deloroxotol - 10gts AS BUDx 52 AS Fluicil for ear irrig. Tolmetate 1% ant BID x 30 ALF. Motrin 600mg PO QID PRN x 30 ALF. instructed & demonstrate home PT exercises with appt prior to home PT. RT as scheduled & plan. provided understanding

10-31-01 PAE no show PA line 1240 appt no medical medication to reschedule

Date/ Time	Case #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
10/1/01 1304	19	CSPHS	<p>Pl's offsite appt on 9/24/01 @ Dr. T. Ferretti has been K/S for the 10/13/01 insite clinic. X-rays reviewed by Dr. Ferretti on 9/21/01, healing well - no medical necessity to send Pt. offsite. Rebecca Gould Clinical Specialist <i>Rh. Gould</i></p>
10/2/01 0950	19	CSPHS	<p>S: Ortho. clinic O: See DC441 A: S/P @ 4th & 5th mc fx. P: X-ray OOS (done today) PT: PTC PRN. Pl voiced understanding. <i>Rebecca Gould</i> Clinical Specialist <i>Rh. Gould</i></p>
10/25/01 1335	19	PAC	<p>2. Requester T. Hattala in hand R. also c/o ① Clean dressed Requester gets in it also states that did not repeatedly take splint off hand only x1 to wash hand. wants PT for hand. ② HEENT: Came off by self (Accume loose). ③ Cerumenosis Au & impaction AS. Sk: P. scaly noted Palmar @ hand. Muc bl'd: almost from @ wrist grip test. A: Tinea Manu, Cerumenosis Au, S/P Fx structure of 4th @ hand. P: Deloroxo prescribed @ 524 mg BID x 5 days Fluoride for ear irrig. T. Hattala 1% ant BIO x 30 dLF. Motrin 600mg PO BID x 30 dLF. instructed & demonstrated home exercises w/PT prior to home PT. RT as scheduled & Pl. provided understanding.</p>
10-31-01	19	PAC	<p>no show PA live 1340 appt no medical indication to reschedule <i>Simone</i></p>

PROGRESS NOTES

[] Inpatient

☒ Outpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
11-28-01		PAR	Sheel AIDS clinic
1505	C		O See DC 470
			A depression
			P Rt as scheduled TAMMY MOWRY, PA
3552		PAR	S 9 hemorrhoids noticed ~ 2 weeks ago during
1600	#	II	bleeding today more than anything
			O rectal small unthrombosed mass noted
			@ 10 o'clock hemorrhoid; external lesion
			A hemorrhoids
			P. Ibuprofen 1% apply daily x 10 days
			↑ fluids especially to Rt arm used
			independently TAMMY MOWRY, PA
3/5/02		PAR	S USOPR etc for
1315	(7)		O see DC 470
			A. Aspergillus test
			P lab's done - test tubes explained. RTRB
			Pt. verbal understanding TAMMY MOWRY, PA
3/25/02	#15	1020158 O!	Patient received health education with regard to TB prevention and treatment verbalizes understanding
			Pt. received Hepatitis C educational pamphlet and health education regarding access and screening process. Pt. verbalized understanding.
			HCV 4/6/01 - Blomberg BARBARA MONROE, RI

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

Green Tyrone

Inmate Number:

EP 4593

DOB:

1-23-70

Institution:

SC1 Albion

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
4/14/02	1230 WSA	O!	Telebinocular/Audiogram done per DOC policy. Passed _____; Failed _____ No Show; Will reschedule & next time - Blom
4/23/02	8	NSG	Telebinocular/Audiogram done per DOC policy. Passed <u>X1</u> ; Failed _____ referred to optometrist JENNIFER CURRAN, LPN
4/24/02	Adm/PHS		Pt sch'd onsite c Dr Baron during the 5/02 OPT clinic - refraction & ^{Deborah Trimble} 10/10 (8) ^{Administrative Ass} D Trimble
5/17/02	8	RT/OC PHS	51 Opt clinic O: See DC441/451 A: Hyperopia P: Rx for glasses ordered. Pt. provided understanding. Wear as needed LINDA HELGERT, R.T. J. Helgert
6/5/02	8	RT/OC PHS	51 Eye clinic, new glasses O: See DC441/451 A: Hyperopia P: GLASSES RECEIVED BY INMATE. Pt expressed satisfaction. Informed pt of proper care of glasses, procedure for repairs & costs, involved care & her responsibility. Pt provided understanding. LINDA HELGERT, R.T. J. Helgert

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-27-02		PAE	S requesting upell Tolnattate states valley into
0920	49	HC	just came back
			① hand skin peeling
			A line man
			P. Tolnattate wear apply B.D. 3 today (swe)
			Repm <u>Tmoye</u>
			TAMMY MOWRY, PA
12-1-02	RHW	NSG	O: Placed in RHW No medical contraindications
1520			for RHW placement — D.D. Daniel Przybrowski RN II
12/20/02		PAE	S c/o @ hand pain h/o Ex in past @ Ant
1235	(19)		franc "Achway"
12/20			O: From digital wrist. pt points to 4th & 5th
			metacarpals x-ray 10/12/01 @ fix 4th & 5th metacarpals
			A post traumatic OTD @ hand
			Py. Nec; Motrin 800mg BID PRN x 14 days. <u>15/12/02</u>
			① hand understanding <u>15/12/02</u>
1/22/03		PAE	S c/o @ hand pain. c/o
1055	(10)		GI upset & Motrin "did it work"
	(24)		also ch joint pain on paws of scrot @ itchy "new"
			① help c Tolnattate. wants Andrea Duff 2. GED
			"Lofat"
			O: X-ray 10/12/01 @ healed fx base 4th & 5th metacarpals

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1-23-70

Facility: SCI Albion